



State of California-Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

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Index: Program Administration

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, MEDICAL CONSULTANTS, AND STATE
CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF

SUBJECT: CHANGES IN CALIFORNIA CHILDREN'S SERVICES (CCS)
DENTAL AND ORTHODONTIC SERVICE AUTHORIZATIONS AND
CLAIMS PROCESSING

This Numbered Letter supercedes N.L. 07-0395 (dated March 27, 1995) for all counties and State Regional Offices that utilize the CMS Net system. It provides CCS policies for authorizing and claiming dental and orthodontic services through the enhanced CMS Net system.

Background

On July 1, 2004, as part of the implementation of the Enhancement 47 CMS Net project, CCS instituted changes to the authorization and claims processing system for dental services provided to CCS clients. Delta Dental Plan of California, the Denti-Cal fiscal intermediary is responsible for authorization of all dental services for CCS Medi-Cal full scope, no share of cost clients, and for authorization of dental services for other non Medi-Cal CCS clients if Denti-Cal policy requires prior authorization. Dental providers for all CCS clients must be enrolled as a Denti-Cal provider and have a Denti-Cal provider number. Most providers of dental services for dates of service after June 30, 2004, will submit claims directly to Denti-Cal for processing.

New CCS dental Service Code Groupings (SCGs) have been developed to simplify authorization of dental services by grouping sets of dental procedures that are frequently provided in conjunction with each other for preventive or restorative dental care. SCGs simplify the approval process and allow the dentist to perform necessary related procedures without requesting a new SAR each time (The list of SCGs is included as Enclosure 1).

For example:

SCG 01 (Preventive Dental Services) allows the provider to perform an exam, oral prophylaxis (teeth cleaning), x-rays, and dental sealants. Although it is unlikely that the provider will perform all of these services at one time, it will preclude the need to submit multiple SARs to CCS.

SCG 18 (Dental Services under General Anesthesia) allows the provider to perform most common dental procedures (including preventive dental services included in SCG 01) where the medical necessity may not be evident until the client is under general anesthesia.

Dental service authorizations for CCS/Healthy Families (HF) and CCS-only clients will continue to be issued by Los Angeles, Orange and Sacramento Counties through the counties' established CCS authorization system until these counties transition to CMS Net. Claims for dental services provided pursuant to these county system service authorizations will continue to be processed by Electronic Data Systems (EDS), the Medi-Cal fiscal intermediary, utilizing the provider's CGP provider number for CCS/Medi-Cal.

For CCS/Medi-Cal full scope, no share of cost clients residing in Los Angeles and Orange Counties, dental providers must submit Treatment Authorization Requests (TARs) and claims directly to Denti-Cal.

Policy

I. General Policy

Effective immediately, the policies included in this numbered letter supercede Numbered Letter 07-0395 and apply to all CCS programs with the exception of Los Angeles, Orange, and Sacramento counties. Upon transition to CMS Net in each of these three counties, these new policies will apply. Denti-Cal policies and procedures can be obtained in the Denti-Cal Provider Manual and Denti-Cal Provider Bulletins by contacting the Medi-Cal Dental Services Branch or through the Denti-Cal website at www.denti-cal.dhs.ca.gov.

II. Provider Enrollment

A. Denti-Cal Enrolled Providers

All dental providers delivering services to CCS clients must have a Denti-Cal provider number in order to be authorized for dental procedures for dates of services after June 30, 2004, and to submit claims for payment.

B. Dental Provider Master File (PMF)

All county CCS programs and State regional offices that participate in CMS Net have access to Denti-Cal's Provider Master File (PMF). All dentists and orthodontists who are enrolled as Denti-Cal providers will be identified in the CMS Net system. Those dental providers who choose not to be on Denti-Cal's referral list will also be listed on this file.

C. Approval of Orthodontists, Oral and Maxillofacial Surgeons

The CCS program has discontinued the paneling of dentists who are Orthodontists or Maxillofacial Surgeons. Both provider types must be Denti-Cal enrolled providers (Note: Maxillofacial surgeons who are DDS/physicians will continue to be paneled by CCS and can be enrolled as Medi-Cal providers). Orthodontists must also complete a certification process with Denti-Cal. Orthodontists who were previously paneled by the CCS program and also enrolled as a Denti-Cal provider will need to either confirm their Denti-Cal orthodontic certification with Denti-Cal or apply to Denti-Cal for such certification if they do not already have it.

III. Dental Service Authorization Process

A. CCS-Only and CCS Healthy Families Clients Without Full Scope, No Share of Cost Medi-Cal

1. Outstanding Authorizations

Dental providers with authorizations from CCS issued prior to July 1, 2004, for CCS-only and CCS/HF clients should continue to use their CGP provider numbers and send claims through CCS Regional Offices or county CCS programs for processing. This will continue until the authorized course of treatment is completed. Orthodontic cases

authorized by CCS prior to July 1, 2004, in the legacy system will continue to be billed as described above until the course of treatment has been completed.

2. Dental Services

The following procedures apply to CCS-only and CCS/HF clients who need dental services to treat their CCS eligible condition or who have a CCS eligible condition that complicates their dental care (See NL16-1099).

- a. Dental services are to be requested by the dental provider on a "CCS Dental and Orthodontic Service Authorization Request (SAR)" form (DHS 4516) (Enclosure 2). The CCS county program or State Regional Offices will review the SAR and, if approved, will send a SAR service authorization approval number for the requested services to the provider.
- b. County CCS programs and State Regional Offices must insert the following "Special Instructions" message from the CMS Net drop down menu on **all** SAR service authorizations issued to dental providers:

"Delta Dental will review all requests for authorization of dental services for CCS clients that require a Treatment Authorization Request (TAR) in accordance with existing Denti-Cal policies, procedures, and requirements".

- c. The SAR service authorization for dental services constitutes confirmation of CCS program eligibility. It is not an authorization to provide dental services, but allows payment of claims by Delta Dental if all Denti-Cal policies and procedures are followed for the services covered by the SAR. **When Denti-Cal does not require prior authorization, the SAR number will allow for payment of claims** (See Enclosure 3 for Denti-Cal "Program Policy" which lists procedures requiring prior authorization from Denti-Cal).

- d. If Denti-Cal requires prior authorization for a dental procedure:
 - i). Once the CCS SAR service authorization is issued, the dentist must also send a Denti-Cal Treatment Authorization Request (TAR) directly to Denti-Cal checking the box "CCS" on the TAR form (See Denti-Cal Provider Manual for Denti-Cal TAR requirements, also found on the internet at www.denti-cal.dhs.ca.gov).
 - ii). Denti-Cal will authorize services on behalf of the CCS program according to existing Denti-Cal policies and procedures.
 - iii). When urgent dental services are needed prior to medical treatment and there is not enough time for the dental provider to submit a TAR for prior authorization to Delta Dental, CCS will issue a SAR service authorization to the dental provider. The provider can then submit a claim for the service, indicating on the claim form in the Box 34 Comments area, "CCS Patient-Retroactive Prior Authorization Requested".
- e. CCS SAR service authorizations may be issued for SCGs or for individual dental procedures using Denti-Cal's procedure codes (3 digits). Note: When authorizing a dental SCG, an "S" must be added before the SCG, i.e., "S01".
- f. When a referral or evaluation is needed by a dental specialist, the CCS program should use the individual Denti-Cal procedure code:
 - i). 040, Specialist Consultation, when referring for a second opinion or to a dental specialist who will not be treating the client.
 - ii). 010, Examination, when a dental specialist will also be the treating provider.

3. Orthodontic Services

Counties using CMS Net will no longer hold orthodontic screening clinics.

A request for screening for the presence of Medically Handicapping Malocclusion (MHM) can be submitted by anyone, but the preferred source is a dentist, a Denti-Cal certified orthodontic provider or a HF dental plan using a "Dental and Orthodontic Service Authorization Request Form" (DHS 4516).

- a. Children must be in permanent dentition or 13 years of age, but not over 19 years of age, to be referred to CCS for orthodontic services.
- b. The CCS administrator may override the 19-year upper age limit when the need for orthodontics is critical and a Denti-Cal orthodontic provider is willing to take the case. The client and provider must understand that authorization of orthodontic services by CCS ends at the client's 21st birthday, and that the client will then be responsible for payment for any continuing orthodontic services.
- c. Upon receipt of the request for orthodontic services, the county CCS program will:
 - i). Establish CCS residential and financial eligibility,
 - ii). Open the client's CCS case for treatment (not for diagnostic services), and
 - iii). Issue a SAR service authorization for Dental Service Code Grouping (SCG) SO2 (Orthodontic Services for Medically Handicapping Malocclusion) to a Denti-Cal approved Orthodontist.
- d. The orthodontist to whom the CCS SAR service authorization for screening is issued must also be the orthodontist who will provide the orthodontic services to the client and must be a Denti-Cal certified orthodontic provider.

- i). SCG S02 allows the provider to perform the initial Handicapping Labiolingual Deviation Index (HLD) determination, and, when subsequently authorized by Denti-Cal through the Denti-Cal TAR process, provides for submission and payment of study models. When a study model confirms Medically Handicapping Malocclusion Denti-Cal authorizes thirty treatment visits including retention/observation phase for a course of orthodontic treatment.
 - ii). The end date for the SAR will be 12 months from the issue date. Subsequent SARs shall be issued if the client continues to meet CCS program eligibility at the time of annual renewal until the course of treatment is completed. A subsequent Denti-Cal TAR should not be submitted unless an extension of orthodontic treatment is requested.
 - iii). CCS enrollment and assessment fees should not be collected from the client's family until the client is determined to be medically eligible for CCS.
- e. County CCS programs and State Regional Offices must insert the following two "Special Instructions" messages from the CMS Net drop down menu on **all** SAR service authorizations issued to orthodontic providers:
- "Initial authorization for exam/HLD index only (procedure 551); subsequent services pending Delta Dental approval".
 - "Denti-Cal will review all requests for authorization of dental services for CCS clients that require a Treatment Authorization Request (TAR) in accordance with existing Denti-Cal policies, procedures, and requirements".
- f. While the SAR service authorization constitutes CCS approval of orthodontic services, it is only an authorization for the initial screening exam and completion of the Handicapping Labiolingual Deviation (HLD) Index Form (Enclosure 4). Orthodontists will only perform and bill for the HLD Index (procedure 551) under the SAR.

- g. If at the time of the initial screening, the child scores less than 26 points, does not have an “automatic qualifying condition,” or orthodontic services are not otherwise approved by Denti-Cal, the orthodontist will submit a claim for payment of the “Initial Orthodontic Exam/HLD Index” to Denti-Cal using the CCS SAR service authorization number.
- h. If at the time of the initial screening, the child is found to score a minimum of 26 points, the orthodontist will submit the HLD Index Form to Denti-Cal along with a Denti-Cal Treatment Authorization Request (TAR) for study models (procedure code 558).
- i. If at the time of the initial screening, the child is found to have an “automatic qualifying condition”, the orthodontist should indicate the condition (1-5A) with an “X” on the HLD Form and stop measuring. No numerical “Total Score” should be calculated. The orthodontist should submit the HLD Form to Denti-Cal along with a Denti-Cal TAR requesting study models utilizing the appropriate procedure code: 560 for condition #1, cleft palate and 558 for conditions 2-5A (including craniofacial anomalies which are to be indicated as condition #4 even if the condition is not caused by trauma).

Written documentation from a “credentialed specialist” (such as a CCS Special Care Center Director or a center report) must be submitted with the request for study models for children with cleft palate or other craniofacial anomalies to indicate the child's condition. CCS local programs should offer to provide such documentation to the provider.

- j. If the study models have been authorized and sent to Denti-Cal, but are not confirmed to measure 26 or more points, or there is not an “automatic qualifying condition” identified when the study models are submitted, Denti-Cal will not issue a TAR for further orthodontic services. The orthodontist will submit a claim to Denti-Cal for the Initial Orthodontic Exam/HLD Index (if not already claimed) and the study models.

- k. If the study models meet the established criteria, the orthodontist will be authorized through the Denti-Cal TAR process for thirty treatment visits including 24 active treatment visits and 6 visits for the retention/observation phase of orthodontic services for the child. Providers will then submit all claims for orthodontic services provided pursuant to the TAR directly to Denti-Cal.
- l. Notice of individual authorizations and denials of orthodontic services for CCS-only and CCS/HF clients will not be directly available to CCS county programs and State Regional Offices through CMS Net. However, a report of CCS-only and CCS/HF orthodontic cases that have been approved and denied will be sent by the CMS Branch to the counties and State Regional Offices on a monthly basis. CCS must issue a Notice of Action (NOA) to the family when services are denied, applying CCS established policies and procedures.
- m. If, at the end of the initial 24 active treatment visits, the orthodontist determines that this course of treatment is not sufficient to treat the MHM, a new SAR may be necessary for an extension of active orthodontic services. When a SAR is necessary it must be submitted to the CCS county program or State Regional Office. Upon confirmation of CCS program eligibility, CCS will modify the authorization. The provider must then submit a new TAR directly to Denti-Cal requesting an extension of the active course of treatment. CCS cannot authorize extensions of orthodontic treatment, but only verifies eligibility through the SAR system.
- n. The retention phase of a course of orthodontic treatment can begin immediately following the active treatment phase without submitting a TAR to Delta Dental as long as the client remains CCS eligible.
- o. Clients who require preventive or restorative dental services after being authorized for CCS orthodontics should be referred by county CCS programs and State Regional Offices to a Denti-Cal provider. A dental SAR must be submitted to CCS identifying the need for specific services. CCS/HF clients have the option of choosing their HF plan dental provider, if that provider is also a Denti-Cal provider.

- p. CCS-only and CCS/HF clients whose orthodontic services were authorized by Denti-Cal and who become Medi-Cal eligible during the course of orthodontic treatment will have their orthodontic services completed and paid for by Medi-Cal.
- q. Medi-Cal clients who are receiving orthodontic services and lose their Medi-Cal eligibility may have their orthodontic services completed and paid for by CCS as long as they meet CCS program financial and residential eligibility requirements. County CCS programs will issue a SAR service authorization to cover these services.
- r. Orthognathic surgery requests:
 - i). Dental oral and maxillofacial surgeons requesting orthognathic surgery for children receiving orthodontic services through the CCS program will send a SAR to the CCS county or State Regional Office. Upon receipt of the SAR service authorization, the oral and maxillofacial surgeon will send a TAR to Denti-Cal with documentation (including cephalometric film) indicating medical necessity. Authorization will be through the Denti-Cal TAR process. A referral to a craniofacial center for a second opinion is not required because Denti-Cal will evaluate for medical necessity. CCS should issue a SAR service authorization to the facility where the surgery will be performed. Another SAR service authorization for the anesthesiologist may also be necessary.
 - ii). Physician surgeons requesting orthognathic surgery for children receiving orthodontic services through the CCS program should send a SAR to the CCS program for authorization of services. These children shall be referred to a craniofacial center for a second opinion if they are not currently managed by a craniofacial center. Upon confirmation of medical necessity, the CCS program should issue a SAR service authorization number for the surgeon and one for the facility at which the surgery will be done. The anesthesiologist can use the surgeon's SAR number for billing purposes.

- iii). Oral surgeons who are both a DDS and MD and who are enrolled as both Medi-Cal and Denti-Cal providers must advise CCS which billing process they will use.

4. Services Beyond The Scope of Denti-Cal Benefits For Clients Who Are Not Eligible For Medi-Cal

a. Orthodontics:

- i). In certain circumstances an orthodontic condition may exist that appears to be medically handicapping, but does not meet the 26 points or "automatic qualifying condition". In such instances a SAR may be submitted by a Denti-Cal certified orthodontist directly to the CCS county or State Regional Office requesting orthodontics. Such requests are to be indicated on the Dental/Orthodontic SAR with an explanation in the "Comments box" (box 33) or attached with supporting documentation.
- ii). These requests are to be forwarded by the county or State Regional Office to the State CMS Orthodontic Consultant for review. They will be approved only when fully documented and determined to be medically necessary. Submit such requests to Dr. Robert Jacob by phone (858) 268-1006 or by fax (858) 268-5097, or mail to:

Robert Jacob, D.D.S.
CMS Orthodontic Consultant
7327 Clairemont Mesa Boulevard
San Diego, CA 92111

b. Dental Implants/Most Fixed Bridges/Other Dental Services:

- i). In unusual and limited circumstances, CCS authorizes certain medically necessary services that are beyond the scope of the standard Denti-Cal benefits package such as dental implants and fixed bridges, for CCS-only and CCS/HF clients.

- ii). Providers must submit a Dental SAR (DHS 4516) to the CCS county or State regional office indicating the medical necessity of these services in the "Comments box" (box 33) or as an attachment.
- iii). These requests and documentation are to be forwarded by the county CCS program or State Regional Office to the State CMS Dental Hygienist Consultant for review and consultation. Submit all such non-orthodontic requests to Gayle Duke by phone (858) 613-9446 or by fax (858) 674-4442, or mail to:

Gayle Duke, R.D.H., M.S.
CMS Dental Hygienist Consultant
11835 Carmel Mountain Road, Suite 1304-171
San Diego, CA 92128

The State program may request additional documentation to support the medical necessity determination for these services. The State Consultant will also price the service(s).

- iv). After approval by the State Consultant, the CCS county or State Regional Office will issue a SAR service authorization for Denti-Cal procedure code 998 (unlisted therapeutic service) with the price provided by the State consultant in the comments box of the SAR service authorization. The "Comments box" (box 33) should also include instructions to providers that indicate that when they bill for services provided pursuant to such authorization they should attach a copy of the SAR to the claim when it is submitted to Denti-Cal. Denti-Cal will utilize the price provided by the State consultant to determine the amount of the provider's reimbursement.

B. CCS Clients With Full Scope, No Share of Cost Medi-Cal (Including Clients Requiring Orthodontics, Orthognathic Surgery or Those With Cleft Palate or Craniofacial Anomalies)

- 1. Effective for dates of service after June 30, 2004, dental providers are to submit all dental Treatment Authorization Requests (TARs) (if required), claims, and any necessary documentation directly to Denti-Cal.

2. Effective July 1, 2004, dental providers will no longer submit authorization requests or claims to CCS county or State regional offices for CCS children with full scope, no Share of Cost (SOC) Medi-Cal.
3. Dental providers requesting EPSDT Supplemental Services (see Denti-Cal Manual) must submit a TAR and documentation to support the request directly to Denti-Cal.
4. Orthognathic surgery requests:
 - a. Dental oral and maxillofacial surgeons requesting orthognathic surgery must send a TAR with necessary documentation (including cephalometric film) directly to Denti-Cal. CCS is responsible for the authorization of medical services performed in support of the surgery and should separately issue a SAR number to the facility at which the surgery will be done and for any other required medical services including anesthesiology. Claims for these latter services will be sent directly to EDS by the facility.
 - b. Physician surgeons requesting orthognathic surgery for CCS children should send a SAR to the CCS program for authorization of medical services. These children shall be sent to a craniofacial center for a second opinion, if they are not currently managed by a Craniofacial center. Upon determination of medical necessity, the CCS program should issue a SAR number for the surgeon and one for the facility at which the surgery will be done. The physician and the facility will each send claims directly to EDS for these services.
5. County CCS programs or State Regional Offices will not receive copies of TARS or denials of services issued by Denti-Cal for children with full scope, no share of cost Medi-Cal. Case management for these clients must be coordinated directly with the family or dental provider.

C. Participation of Dentists, Oral and Maxillofacial Surgeons, and Orthodontists in CCS Special Care Center (SCC) Teams

Dentists, Oral and Maxillofacial Surgeons, and Orthodontists participate in CCS cleft palate and craniofacial SCCs. Generally all participants in a SCC team bill for services provided to CCS clients pursuant to the SCC authorization (Medical SCG 02) issued to the SCC. Dentists (including oral

and maxillofacial surgeons) and orthodontist members of the SCC team are covered by the SCC authorization. However, they cannot bill Denti-Cal for SCC services. Claims for these services will continue to be submitted to EDS on a HCFA 1500 using a CGP provider number. CCS will no longer panel such providers. An authorization to a craniofacial or cleft palate SCC should include information in the "remarks" box that advises how dentists and orthodontists should bill for SCC services. CCS program recommended language for the remarks box is "Claims for these services will continue to be submitted to EDS on a HCFA 1500 with a CGP provider number". Authorization of SCC recommended dental services must be sent through the appropriate Denti-Cal TAR (for Medi-Cal) or CCS SAR (for CCS-only or CCS/HF clients) process.

D. Authorizations and Claiming for Dental Services Provided in an Hospital on an Inpatient or Outpatient Basis or in an Outpatient Surgical Center

1. Denti-Cal does not authorize these services.
2. CCS clients with full scope, no share of cost Medi-Cal are eligible for dental services through the Denti-Cal program:
 - a. Dental providers requesting dental procedures to be performed in a CCS-approved hospital, outpatient center, or surgicenter for clients with full scope Medi-Cal should send a TAR directly to Denti-Cal when prior authorization of dental services is required. Claims are to be sent by the provider directly to Denti-Cal.
 - b. An Established Client SAR (DHS 4509) (Enclosure 5) for the hospital or facility is to be submitted to CCS and a SAR service authorization will be issued by the county CCS program or State regional office. Claims are to be submitted by the facility directly to EDS.
3. CCS-only or CCS/HF Clients:
 - a. Dental providers requesting dental procedures to be performed in a hospital, outpatient facility, or surgicenter for clients with CCS-only or CCS/HF clients should send a Dental SAR (DHS 4516) to the county CCS program or State regional office. CCS will issue a SAR service authorization and the provider is to send a TAR to

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Denti-Cal if prior authorization is required. Claims are to be sent by the provider directly to Denti-Cal.

- b. An established client SAR for the hospital or facility will be issued at the same time as the SAR for the dental provider. Claims will be sent directly to EDS by the facility.

If you have any questions, please contact your CCS administrative or nursing consultant at the CMS Branch Regional Office.

Original signed by Marian Dalsey, M.D., M.P.H.

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